COLORADO
Department of Health Care Policy & Financing

MINUTES FOR THE
ACC Program Improvement
Provider & Community Issues Sub-committee

Colorado Department of Public Health and Environment
4300 Cherry Creek South Drive, Rachel Carson Conference Room

August 20th, 2015

1. Introductions

A. In-person Attendees

Anita Rich (CCHAP), Todd Lessley (Salud), Josie Dostie (CCHA), Brenda VonStar, Marty Janssen (HCPF), David Ducharme (HCPF), Meredith Henry (CDPHE), Alice Gibbs (CCHN), Sheena Miles, Josh Ewing (CHA), Barb Martin (CDPHE), Susan Diamond (RCCO 7), Denise Denton (Aurora Health Access), Nicole Konkoly (RMHP), Susan Mathieu (HCPF)

B. Phone Attendees

Barb Young, Chelle Denman (ICHP), Kathryn Benedict, Casey King (KP), Heather Brozek (CCHA), Pam Doyle (Pueblo Stepup), Elizabeth Forbes, Katrina Badimarco (CMS), Kristen Trainor, Marceil Case (HCPF), Leslie Reeder, Heather Logan (MCPN), Jessica Provost (ICHP), Torrey Powers (ADT), Ryan Beglia (CAFP), Donald Moore (PCHC)

2. Announcements

There were no announcements this month.

3. Approval of Minutes

Minutes were approved.

4. Consumer Input/ Client Experience

There were no consumer issues to report this month.

5. Workgroup Reports

Todd: In my perspective, we are the most active sub-committee of the PIAC. Today we are going to go over the Department's responses to our NEMT workgroup. The other workgroup was the care coordination workgroup, which was in response to the PIACs request for feedback on ACC 2.0. We had a great discussion on care coordination and what that should look like in ACC 2.0. Our last meeting ran a little short, however. We had an announcement from the Department regarding how they would like to receive feedback on ACC 2.0 topics going forward – namely that they would like the discussions regarding ACC 2.0 to happen closer to the PIAC and would prefer to avoid workgroups established by sub-committees. Todd and Anita then met with Elizabeth Baskett to strategize on how best to operationalize the Department's strategy while still giving meaningful input. The current strategy is to proceed how we've always proceeded. Workgroups will still be formed by the sub-committee but the Department will not be staffing these meetings. The Department will also be publishing an ACC 2.0 timeline shortly and will be asking for more formal input on some of these topics going forward. Our care coordination workgroup created recommendations and vetted them through the sub-committee over the last couple weeks. We finalized our recommendations and had them ready to present at PIAC yesterday, but due to some other agenda items going long, we were unable to do so.

Anita: If you have any concern about the recommendations please let us know.

6. PIAC Update

Todd: There was an agenda item regarding updating the bylaws and adding behavioral health representation to the PIAC. The PIAC will be adding three voting members and two ex-officio (non-voting) members from the behavioral health world. The three voting members will include; a) a behavioral health or substance use clinician from a CMHC, b) a behavioral health or substance use clinician from a provider other than a CMHC, and c) a client representative. The two non-voting members will include; a) a representative from the dental world, and b) a representative from a BHO. The addition of those members was voted on and approved. There was a presentation on the Access: Kaiser Program which we will talk about today as well as a presentation on the attribution policy change which we will also be talking about.

Barb: If we have recommendations for the new voting membership who can we talk to?

Marty: Me or Matt

7. Specialty Access

Denise Denton: Aurora Health Access is one of 27 health alliances around the state. You can find out about these alliances at CCMU.org under community alliances tab. Aurora's alliance has been around 5 years, and was started by a church group. The group started meeting and blossomed into a pretty robust group where we work together to engage the Aurora community in identifying, understanding, and resolving health care issues.

We have 3 goals: expanding access; improving coverage; and increasing collaboration. We often form workgroups on specific topics. We just recently formed workgroups on expanding coverage, pediatric issues, and senior issues. We also just finished a paper on NEMT. Our adult access group kept honing in on the issue of specialty access. I'm surprised you didn't have more client input because we know that the clients are very angry regarding this issue.

The ACA was a great reform, but it didn't do a good job of addressing the issue of specialty access. There was a lot of anger in our community regarding the issue. We pride ourselves on being a neutral convener and a place for people to come talk about the issues in a safe place. Our members are not necessarily the CEOs or the clients, but those in the middle. We think we've done a pretty good job, and we have been meeting since October 2014.

The Mile High Health Alliance and the Boulder Collaborative have also identified a lot of opportunities with regards to this issue. Our RCCO (3) is very much at the table.

One issue we've discovered is that if you live in Aurora, you cannot go to Doctor's Care. The other HealthOne hospitals do participate in Doctor's Care but not the Medical Center of Aurora. We've been focusing on the neutral convening and asking people to share their experiences regarding the progress they are making with regards to specialty care access. We have HCPF and the RCCO reporting on their projects and really making the connections and sharing information. This isn't just for Medicaid patients, other payers are having problems with access as well. There are things that everyone can be doing better, but finger pointing isn't the focus of

the program. Our next meeting is September 2nd. We know Aurora Health Access can't solve this problem by ourselves.

Anita: Do you have a list of where all the other alliances are?

Denise Denton: Absolutely. You can find that list on the ccmu.org website under community involvement tab.

Janet: Who did the survey?

Denise: Colorado Medical Society

Susan Diamond: One thing we've done is create referral protocols and we have also used our patient navigators and care coordinators which has bought some goodwill with some of the providers.

Denise Denton: Specialty doctors don't go into orthopedic surgery to solve the social determinants of health, and that is an issue we are working with. Additionally, we have issues such as low reimbursement, paperwork hassle, and systemic issues. These providers are not structurally or personally prepared to deal with some of these issues.

Todd: One of our purposes as a group is to increase access. What can we glean from what has been done in Aurora in order to increase access to specialists?

Molly: I think one of the things P&CI can recommend could be to educate the specialists regarding the perception of Medicaid. There may be a 20 year old perception out there that Medicaid isn't as reliable as some of the other payers in terms of payment and such.

Marceil: Agree with Molly that providers have an outdated view of Medicaid and we should message the new on-line enrollment system. We also need to message to providers that they don't have to take all Medicaid if they don't want to.

Donald: In Pueblo a significant amount of the specialists are employed by the hospitals. I'm wondering if there would be traction around engaging the hospital association or some of the larger hospital systems and see if we can attract them to

the discussion in solving some of the access issues. Everyone seems to be willing to do their fair share, but the complaints arise from patient activation and compliance.

Anita: Is that something Colorado Hospital Association (CHA) is interested in?

Joshua Ewing: Of course. We have been working with our members to address access issues and it's something we are aware of.

Brenda: One of the barriers I've seen is the length of time between calling for an appointment and actually getting an appointment. Has that discussion come up?

Denise Denton: Absolutely.

Casey King: One thing we found is that people were less willing to offer in the survey mentioned earlier is the specific criteria or timeframe for accepting a Medicaid client. We have no way of knowing which providers are accepting Medicaid clients and how long a client has to wait. Perhaps if we can standardize the panel management process to allow for more information.

Todd: Health alliances are groups that we haven't really engaged with, so it might help to mobilize the groups that are working on specialty access and solicit their input and feedback to provide an informed recommendation to the PIAC.

Shera: We have had a lot of luck with provider on provider interaction.

8. NEMT Recommendations

Matthew Lanphier: The Department has responded to the NEMT Recommendations in the following manner;

NEMT Recommendation #1: A survey of patient and provider satisfaction - as outlined in the Total Transit contract - should be launched.

Department Response: The Department is in the process of procuring a vendor to conduct the patient and provider satisfaction survey.

NEMT Recommendation #2: Campus-like settings make it difficult for providers to find clients using individual addresses. Therefore, Total Transit should flag these campus-like settings in the dispatch and mapping systems to minimize the likelihood of problems at provider and specialist offices.

Department Response: Total Transit will be implementing a new software platform in the near future to better assist with large locations and campus-like facilities. The Department will update the group as these changes are made.

NEMT Recommendation #3: A fact sheet should be produced and made public outlining the entire transit process. This fact sheet should include specific instructions on how to file a complaint and outline contractual expectations regarding responses to complaints.

Department Response: Total Transit has completed a fact sheet outlining the process for booking a trip and making complaints. The fact sheet will be distributed via P&CI and made available on the Department's P&CI website.

NEMT Recommendation #4: Total Transit should adjust their call scripts and add fields on the dispatch form to allow for Social Workers, Care Navigators/Managers, or family members to be listed by name and contact number for follow up calls and same day communication.

Department Response: Total Transit will be implementing a new software platform in the near future which will allow for the capture of additional contact information.

NEMT Recommendation #5: Dispatch communications should be bi-directional, so that the outcome and disposition of correspondence, calls and rides can be conveyed back to the provider who requested the specific services.

Department Response: Total Transit has included contact information in the fact sheet to allow for bi-directional communication. However, Total Transit does not recommend communication through e-mail with regards to client trips.

NEMT Recommendation #6: The Department should articulate a process for elevating Total Transit complaints to HCPF.

Department Response: The Department requests that all complaints be directed first to Total Transit. If necessary, Total Transit will elevate the complaint to HCPF for guidance.

NEMT Recommendation #7: A process should be outlined for whom to contact at Total Transit if immediate assistance is needed and ensure that an outcome will occur in response to the immediate need for assistance.

Department Response: Total Transit has implemented an Immediate Assistance Line at 1-877-986-7416.

9. Attribution

Matthew Lanphier: Effective September 2015, the Department will begin reattributing ACC clients whose claims history indicates a stronger relationship with a primary care medical provider (PCMP) other than their current attributed PCMP. The Department has solicited feedback and has addressed all the concerns in the policy statement, which can be found on the Department's P&CI website. This process will initially affect about 78,000 clients, but we anticipate it will affect far fewer numbers on subsequent runs. The process will be run quarterly.

Janet: Can we get a copy of the letter that will be sent to clients who will be re-attributed?

Susan: Yes.

Shera: How do we know it will be about 78,000 clients?

Susan: We ran a test of the numbers, and the numbers could change, but that's what it was when we looked.

Next meeting 9/10/15. PLEASE NOTE THE CHANGE FOR OUR NEXT MEETING. WE WILL NOW BE MEETING ON THE SECOND THURSDAY OF THE MONTH, AND THE ROOM WILL BE CHANGING.

Colorado Department of Public Health and Environment
4300 Cherry Creek South Drive, Room C1E

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